

cannabis, and reporting solitary use up to age 16. However, with regards to current use, controls were currently using more heavily across these parameters than patients.

Discussion: Patients who develop psychosis decrease substance consumption after adolescence compared to other non-psychotic substance users. A history of heavy early use of cannabis may be a tractable target for intervention.

F103. A META-ANALYSIS OF PERSONALITY TRAITS IN DUAL DIAGNOSIS PSYCHOSIS AND SUBSTANCE USE DISORDER

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Background: The comorbidity of substance use and psychotic disorders has been constantly explored in psychosis literature due to its markedly high prevalence and its contribution in debilitating outcomes in various aspects (e.g., lower therapeutic compliance, higher rate of relapse, longer hospitalization, homelessness, and poorer overall functioning). One promising conceptualization of substance use disorder in schizophrenia is understanding shared personality traits such as impulsivity. Thus far, empirical evidences indicated several personality traits as candidate such as impulsivity, neuroticism and anhedonia. However, the accumulated empirical data remains inconsistent across studies. Current study aimed to aggregate data regarding trait personality features in facet level utilizing four-factor UPPS model (Whiteside & Lynam, 2001), four-factor Hierarchical Structural Model (Markon, Krueger, & Watson, 2005), and anhedonia scale for investigating personality traits of impulsivity, neuroticism and anhedonia.

Methods: A systematic literature research was conducted using PubMed, Google Scholar, Scopus, and ProQuest, dissertation database in Proquest, and hand searches from reference lists of identified articles. Our analysis covers all studies published up to May 2017. The electronic database research resulted in an initial pool of 110 studies in total, and 12 studies remains for current meta-analysis after screening by inclusion/exclusion criteria and removing duplicate studies. Two authors (SKJ and HJO) independently coded data, and all authors cross-checked to ensure the reliability of coded data to reach consensus. Effect-size estimates were calculated based on means and standard deviations of psychotic disorder only group (PSD) and dual diagnosis group (DD) on personality scales using R package metafor. Specifically, Hedges' *g* was derived with a random-effect model, allowing unbiased effect sizes adjusted for different sample sizes that helps to infer population-level estimates. To examine potential confounding factors, independent two-sample *t*-tests were conducted between DD and PSD group for any significant differences in demographic and clinical characteristics. Fail-Safe *N* test was utilized to address publication bias of the current meta-analysis, and inconsistency of data was assessed using heterogeneity measure (*I*²). The methodological quality assessment of included studies was created by using an adapted version of Agency for Healthcare Research and Quality (AHRQ) tool for observational studies.

Results: There were no statistically significant baseline differences in demographic and clinical characteristics between DD and PSD group. The results indicate that DD patients exhibited significantly higher scores on negative urgency, low premeditation, and sensation seeking compared to PSD within the UPPS model. However, low perseveration did not differ between two groups. Within the HS model, unconscious disinhibition was significantly higher in DD compared to PSD, but not negative affect, disagreeable disinhibition, and positive affect. Lastly, trait anhedonia score was not significantly different between groups.

Discussion: Despite a limited number of available studies, our meta-analysis allowed to specify the personality trait in facet level of dual diagnosis patients compared to patients without substance use disorder. We conclude that the personality trait of DD patients may lead to the employment of urgent emotional regulation strategies (i.e. substance use) to alleviate

negative emotion. More effective emotion regulations strategies (e.g., mindfulness, emotion tolerance skills, etc) might need to be integrated for treatment for DD patients.

F104. A STANDARDISED EMPIRICAL INVESTIGATION OF THE CLINICAL PROFILE OF PSYCHOSIS FOLLOWING TRAUMATIC BRAIN INJURY (PFTBI)

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Background: Persons who experience symptoms of psychosis following a brain injury live with a complex dual diagnosis that is often accompanied by substantial distress and disability. However, a comprehensive examination of the clinical presentation of PFTBI using standardised clinical measures has not been reported in the literature. This information is vital for accurate diagnosis and effective treatment.

Methods: Patients with PFTBI (*n* = 10) and schizophrenia (*n* = 98) participated in a comprehensive clinical assessment that included the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID-I/P), the Positive and Negative Syndrome Scale (PANSS), the Scale for the Assessment of Positive Symptoms (SAPS), the Scale for the Assessment of Negative Symptoms (SANS), and the Thought Language and Communication Index (TLC).

Results: The clinical profiles of the PFTBI group met symptom/course criteria for: schizophrenia (*n* = 6), schizoaffective (*n* = 2), schizophreniform (*n* = 1), and paranoid psychosis (*n* = 1). PFTBI patients had a significantly reduced PANSS negative score relative to schizophrenia patients. No other significant differences between PFTBI and schizophrenia clinical profiles were found.

Discussion: The clinical profile of PFTBI appears to be comparable to schizophrenia/ schizoaffective disorder except with respect to negative psychotic symptoms. Reduced negative symptoms in PFTBI have previously been reported in a small number of case studies, and thus warrant further investigation as a diagnostic distinction in this patient group.

F105. MEASURING EMPATHY IN SCHIZOPHRENIA: THE EMPATHIC ACCURACY TASK AND ITS CORRELATION WITH OTHER EMPATHY MEASURES

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Background: Empathy is a complex interpersonal process thought to be impaired in individuals with schizophrenia spectrum disorders. Past studies have mainly used questionnaires or performance-based tasks with static cues to measure cognitive and affective empathy. In contrast, we used an Empathic Accuracy Task (EAT) designed to capture the more dynamic aspects of empathy by using video clips in which perceivers continuously judge emotionally charged stories of various targets. We compared individuals with schizophrenia to healthy controls on the

EAT and assessed correlations among the EAT and three other commonly used empathy tasks.

Methods: Patients (n=92) and healthy controls (n=42) matched for age and education, completed the EAT, the Interpersonal Reactivity Index, the Questionnaire of Cognitive and Affective Empathy and the Faux Pas task. Differences between groups were analyzed and correlations were calculated between empathy measurement instruments.

Results: The groups differed in EAT performance, with controls outperforming patients. A moderating effect was found for the emotional expressivity of the target: while both patients and controls scored low when judging targets with low expressivity, controls performed better than patients with more expressive targets. Though there were also group differences on the cognitive and affective empathy questionnaires (with lower scores for patients in comparison to controls), EAT performance did not correlate with questionnaire scores. Reduced empathy performance did not seem to be part of a generalized cognitive deficit, as differences between patients and controls on general cognition was not significant.

Discussion: Individuals with schizophrenia benefit less from the emotional expressivity of other people than controls, which contributes to their impaired empathic accuracy. The lack of correlation between the EAT and the questionnaires suggests a distinction between self-report empathy and actual empathy performance. To explore empathic difficulties in real life, it is important to use instruments that take the interpersonal perspective into account.

F106. STATE AND TRAIT RELATED NATURE OF INSIGHT IMPAIRMENT IN SCHIZOPHRENIA

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Background: Impairment of insight is a prominent feature of schizophrenia and is associated with poor adherence and poor outcomes. While many studies have investigated the nature of insight impairment in schizophrenia, few have charted its course longitudinally. In this study we investigated changes in different components of insight during the first 12 months of antipsychotic treatment.

Methods: The sample comprised 107 never or minimally treated patients with a first episode of schizophrenia, schizopreform or schizoaffective disorder. They were treated according to a fixed protocol with flupenthixol decanoate. Insight was assessed with the self-rating Birchwood Insight Scale and the investigator rated global insight item of the PANSS scale. Psychopathology was assessed with the PANSS and CDSS. Cognitive performance was assessed with the MATRICS. We performed evaluations at baseline, month 6 and month 12. Linear mixed effects mixed models for repeated measures were conducted to assess changes over time, adjusting for age, gender and educational status.

Results: There were no significant changes in the BIS subscales of symptom awareness, awareness of illness or total BIS score. The need for treatment subscale improved slightly ($p=0.02$) while the PANSS global insight improved considerably ($p<0.0001$). Degree of insight impairment was only weakly correlated with psychopathology and cognition.

Discussion: Insight impairment is common in schizophrenia and displays trait-like rather than state-like features. These findings have important clinical implications.

F107. CSF ABNORMALITIES IN SCHIZOPHRENIA AND DEPRESSION: PRELIMINARY RESULTS FROM A LARGE SCALE COHORT

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Background: CSF abnormalities and a neuroinflammatory pathophysiology have been discussed for affective and non-affective psychosis for more than 30-years. Recent studies pointed towards a specific phenotype of autoimmune-antibody mediated psychosis, but evidence is still sparse. Especially CSF data investigating autoimmune antibodies in large-scale CSF cohorts of affective and non-affective psychoses are lacking.

Methods: We analyzed a retrospective naturalistic cohort of 592 patients with A) schizophrenia-spectrum disorders (N = 330) or B) depressive disorders (N = 262) who underwent a lumbar puncture as part of the clinical routine in the Department of Psychiatry and Psychotherapy at the Ludwig-Maximilians University Munich between July 2012 and May 2017. We used a predefined systematic algorithm for the database search in the clinical documentation system and data was extracted by TO and AG. The study was approved by the local ethics committee.

Results: We identified 592 patients with standard CSF parameters. Schizophrenia spectrum patients did not differ from depressive patients with regard to the white blood cell count (cells/ μ l) ($p = 0.774$) or albumin quotient ($p = 0.663$). The general prevalence of oligoclonal bands did not differ between groups (schizophrenia: 37.0%, depression: 37.8%; $p = 0.838$). However, schizophrenia patients showed higher frequencies for intrathecal oligoclonal bands (32% of all oligoclonal bands) compared to depressive patients (19.1% of all oligoclonal bands, $p = 0.034$). 124 schizophrenia-spectrum patients (54 first-episode patients) received CSF analyses for neural antibodies. None of the patients showed positive CSF results in any of the tested autoimmune-encephalitis panel (NMDA(N=119), AMPA-1(N=114), AMPA-2(N=114), CASPR(N=111), LGI-1(N=110) and GABA-B(N=112)-Antibodies) in CSF. The results for the intracellular onconeural and synaptic antibodies were also negative (Amphiphysin(N=93), Yo(N=58), Hu(N=94), Ri(N=94), CV2(N=93), Ma1(N=93) and Ma2(N=93)-Antibodies). Three of these patients with negative CSF titers did have low-titer neuronal antibodies in serum: CASPR-2-AB: 1:10, CASPR-2-AB: 1:50, Yo-AB: low band-intensity. 36 depression patients were also tested for autoimmune antibodies and again no positive reports could be identified in CSF.

Discussion: This is the first analyses of autoimmune antibodies in first-episode and recurrent schizophrenia and depressive mood disorder showing no positive CSF titers. However, schizophrenia patients have a higher prevalence of intrathecal oligoclonal bands compared to affective patients pointing towards more immunological disturbances in this population. The here presented analyses are exploratory and need to undergo confirmatory analyses and quality control.

F108. PSYCHOTIC EXPERIENCES IN A NORWEGIAN SAMPLE - TENTATIVE RESULTS OF A QUESTIONNAIRE VALIDATION

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Background: Auditory verbal hallucinations are a major symptom in schizophrenia but also affect patients with other diagnoses and healthy people without any pathology. This applies also to delusions and hallucinations of other sensory modalities. Since most questionnaires that assess hallucinations focus on one particular disorder, the Questionnaire for Psychotic Experiences (QPE) was created to provide an instrument that is applicable independently of clinical status.